OAK ST. HDSF

Workmen's Compensation

Facts of Interest to the Physician

THE INDUSTRIAL COMMISSION OF OHIO

By DR. A. W. BINCKLEY, Chief, Medical Division

	OHIO	See table on page 211. MICHIGAN. Page 33.	See page 32. NEW JERSEY	See page 32. ILLINOIS	See page 32. MASSACHUSETTS.
A Relative amount paid for medical expenses, (including Hospital and Nursing) as compared to amount received by injured man as Compensation	40%.	52%.	20%.	28%. See p. 208.	29%.
B AVERAGE cost for medical attention per case, or average amount received per case treated	$9.00.	$2.11.	$2.79.	$5.90.	pp. 207 and 208—$4.47 $2.32, $5.30.
C COMPENSATION RECEIVED BY INJURED MAN					
1. Temporary total disability	66⅔% of the average weekly wage. Maximum $12.	50% of the average weekly wage. Maximum $10.	50% of the average weekly wage. Maximum $10.	50% of the average weekly wage. Maximum $10.	50% of the average weekly wage. Maximum $10.
2. Permanent partial disability. Example—loss of an arm	$2400.	$2000.	$2000.	$2400.	$500.
3. Permanent total disability. Example — loss of both arms	$12 per week for rest of his life. Might exceed $25,000	$4000.	$4000.	$3500, then $280 per year.	$1000.
D Waiting period before Compensation begins to claimant	1 week.	2 weeks.	2 weeks.	6 days.	2 weeks.
E Medical and Surgical Aid	Not to exceed $200 per case and paid from the insurance fund by action of The Industrial Commission. No time limit.	Furnished by the employer for the first 3 weeks after the injury.	Furnished by employer for first 2 weeks after injury and not to exceed $50.	Furnished by employer for a period not longer than 8 weeks and not to exceed $200.	Furnished by employer or insurance company, when needed during first two weeks after the injury.

*NOTE: All percentages and figures used, except for Ohio, are taken from the report of the Commission appointed by Congress to investigate Workmen's Compensation, and known as Senate Document No. 419, published by Washington Government Printing Office, 1914.

Remarks

Ohio figures are taken from the following report, furnished by the Actuary, to the Chairman of the Commission:—

1—Earned premium	$1,115,947.00
2—Actual awards	683,347.22
3—Disbursements	454,198.38
4—Number of claims disposed of 21,553	
5—Average award, including medical	31.71
6—Average medical award	9.00
7—Average death award	2,710.33

These figures are taken as up to April 1st, 1914.

The relative proportion between what the doctor receives (as per "A") compared to the compensation received by the claimant, is of little consequence,—*because in a State paying a high rate of Compensation to the injured man the proportion for medical expense will be less, likewise in a State having but one week waiting period.* Ohio has the largest compensation of any act, a short waiting period, and her percent under "A" should therefore be very low. Is it? And why?

The figures in "A" show simply for these other states that the percents received by physicians in these other states are simply greater in relation to the scale of compensation paid to the injured man. The physician receives little, the injured man little, compared to the Ohio Act. The actual average as received for medical attention is as under "B". On pp. 207-208 of this report, which is the latest accurate report from which deductions can be made, Massachusetts gives 89,984 cases receiving compensation of $1,677,380.82 paid out, 24% of which was for medical compensation or an amount of $402,251.39. This divided by the number of cases would give an average medical award of $4.47. There should be no question in the mind of any physician but that they are receiving 60% to 100% more under the Ohio Act than under any other Workmen's Compensation Act and in spite of the fact that the compensation to the injured man is far greater and the premium of the employer far less, in most instances being ⅓ to ½ that charged to employers in other states,—all of which should prove to any fair-minded man that the Ohio Compensation Act as administered by the Industrial Commission, giving the employer the benefit at cost,—and as much protection as can possibly be had, and the employee greater compensation than workmen in any other state or in the world,—and the physician a greater average amount of compensation than is received by the physicians in Germany, France or England, or any state in our Union,—must redound to the credit of Ohio, greatly benefiting the community. Bear in mind that no class is more greatly benefited by the improved conditions to the workingmen and the community than is the physician himself.

We desire to call attention to the fact that the two states which have low average medical attention paid, i. e. Massachusetts,—$4.47, and Michigan,—$2.12, have fee bills. Massachusetts also having a hospital fee bill recommended by a committee of physicians after an investigation and which is practically the same as our present hospital rate. There is a little difference between the physician's fee bills. The difference lies in the consideration of the facts which are found and by whom considered. Massachusetts and Michigan employers pay two to three times as much for the compensation. Their fee bills are practically the same as ours but the liability insurance companies keep the difference, some that might be considered belonging to the physician. Let us call your attention to the fact that it is not the first charge for attention in consideration of fees. The items on our fee bill might in some instances be increased from 50% to 200% and still not affect the average compensation of $9.00 received by the physician under the Ohio Workmen's Compensation Act. The Ohio comparison on the above schedule is with states in which the liability insurance companies are operating workmen's compensation. Take the Michigan figures of $2.11, the employer having to furnish medical attention in each and every case under workmen's compensation. Our contention that under the old system the doctor received less than $2.00 per case has gone unchallenged, and these figures as produced by the Michigan Act would tend to corroborate our previous statements in this regard, for under the old system there would have been about 16% of these cases in which the employer would have to pay the physician.

The state of Washington has one of the best workmen's compensation acts which is compulsory and benefits greatly the employers and employees. The medical aid is not considered under the act, the question of fees being one entirely between the injured man and his physician. The Chief Medical Adviser of this Commission informs us that there is no difficulty with the physicians and further states that it is for the reason that the Commission has no direct relation in dealing with the physician. He further states that all facts tend to show that the physician is paid in but 35% of the cases by the injured employee.

The following are the possible ways of rendering medical attention under any workmen's compensation act:—

First and oldest, like Germany, with the competitive bidding system; England with the lodge or panel practice, in which the physician receives a maximum of $2.50 per case treated.

Second: Contract system as employed in the past by liability insurance companies.

Third: Medical fees left between the physician and his patient, as in Washington.

Fourth: Medical attention left between the employer and physicians, as exhibited in the schedule.

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Fifth: Medical attention paid for as premium into state insurance fund and paid out of such fund without any regulation whatever (an impossible method).

Sixth: An amount fixed arbitrarily by an administrative body and paid to the physician as a final settlement for his services rendered without consideration of his fee bill.

Seventh: Medical attention paid as premium into state insurance fund and paid out under supervision and regulation of an administrative body, upon the basis of the fee bill as rendered by the surgeon. This last method is the Ohio method.

The Industrial Commission has a medical division one of whose duties is the consideration of the fee bills. The medical features of workmen's compensation are most important. We ask for your co-operation in keeping this the best act in existence. The employers are co-operating in preventing accidents and reducing their premiums, the employes are also aiding in this regard, and this would lead one to believe that their compensation could be increased. The physicians are co-operating, helping to keep down ten per cent of unnecessary infections, aiding all concerned in obtaining necessary and accurate medical facts and aiding greatly in many ways—a Mutual Workmen's Compensation Act—which is actually working out in this method.

We wish to take this opportunity in thanking each and every doctor in the state for the assistance rendered the Commission and its medical division. We are sure that the other parties concerned, namely, the employe and their families, the employer, and the whole community voice our sentiments.

THE INDUSTRIAL COMMISSION OF OHIO

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